

Case Number:	CM14-0046778		
Date Assigned:	07/07/2014	Date of Injury:	06/03/1998
Decision Date:	08/22/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old female who reported an injury on 06/03/1998. The injured worker's medication history included ketoprofen, Ambien, Lidoderm patches, and Zanaflex. The surgical history and diagnostic studies were not provided. The documentation requesting the medications was from the pharmacy. The physical examination was dated 12/30/2013, which revealed the injured worker had lumbar spine surgery, and had a chief complaint of low back pain. Prior therapies included an H wave and a transcutaneous electrical nerve stimulation (TENS) unit. The surgical history included a lumbar spine surgery. The physical examination revealed moderate spasms in the paravertebral musculature bilaterally and mild sciatic notch tenderness bilaterally. The documentation indicated the injured worker had been utilizing sleep aids, a TENS unit and an H wave. The injured worker had been utilizing sleep aids since 08/2013. The diagnosis was thoracic/lumbar neuritis/radiculitis. The treatment plan included Lunesta 3 mg as needed sleep, Norco 10/325 q. 6 hours as needed pain, and continuation of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm 5% patch, quantity (qty) 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication. However, the duration of use could not be established through supplied documentation. There was lack of documented efficacy for the requested medication. The request was submitted from the pharmacy. As such, there was no DWC form Request for Authorization (RFA) or primary treating physician's progress report (PR-2) accompanying the request. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm 5% patch quantity 60 is not medically necessary.

Lunesta 3 mg tablet, qty. 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta.

Decision rationale: The Official Disability Guidelines indicate that Lunesta is not recommended for long term use, but it is recommended for short term use up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing aids for insomnia since at least 08/2013. There was lack of documented efficacy. The request was submitted from the pharmacy. As such, there was no DWC form RFA or PR-2 accompanying the request. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 3 mg tablet quantity 30 is not medically necessary.